

# Restraint QA Data Form

Run # \_\_\_\_\_

Date of Incident \_\_\_\_\_

Section #1	Reason for restraint	(Check all that apply)
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- |   |  |
|---|--|
| <input type="checkbox"/> To prevent injury to patient               | <input type="checkbox"/> To prevent injury to EMS providers                            |
| <input type="checkbox"/> Verbal and "hands on" control ineffective  | <input type="checkbox"/> Patient has potential life/limb threatening illness or injury |
| <input type="checkbox"/> To facilitate patient assessment/treatment |  |

Section #2	Patient Status	(Check all that apply)
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- |  |   |
|--|---|
| <input type="checkbox"/> Uncooperative       | <input type="checkbox"/> Confused / Disoriented |
| <input type="checkbox"/> Combative / Violent | <input type="checkbox"/> Suicidal               |
| <input type="checkbox"/> Delusional          | <input type="checkbox"/> Restless / Agitated    |

Section #3	Circumstances of incident	(Check all that apply)
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- |   |   |
|---|---|
| <input type="checkbox"/> Law enforcement present          | <input type="checkbox"/> Patient under arrest             |
| <input type="checkbox"/> Foot chase prior to apprehension | <input type="checkbox"/> Altercation with law enforcement |

Section #4	Possible causes of behavior	(Check all that apply)
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- ☐ Suspected drug or alcohol ingestion (*circle substance suspected*)
- |              |                       |
|--------------|-----------------------|
| ETOH         | Cocaine               |
| Amphetamines | PCP                   |
| Opioids      | Other (specify) _____ |

- ☐ If known psychiatric disorder  
List diagnosis \_\_\_\_\_

Check all suspected / observed behaviors

- |   |  |
|---|--|
| <input type="checkbox"/> Suicidal       | <input type="checkbox"/> Mania                 |
| <input type="checkbox"/> Paranoia       | <input type="checkbox"/> Depressed / Withdrawn |
| <input type="checkbox"/> Anxiety        | <input type="checkbox"/> Delusions             |
| <input type="checkbox"/> Hallucinations | <input type="checkbox"/> Anger / Rage          |
| <input type="checkbox"/> Homicidal      | <input type="checkbox"/> Other (specify) _____ |

Other suspected Etiology

- |  |  |
|--|--|
| <input type="checkbox"/> Head trauma           | <input type="checkbox"/> Hypoxia               |
| <input type="checkbox"/> Hypoglycemia          | <input type="checkbox"/> CNS infection         |
| <input type="checkbox"/> Seizures / post-ictal | <input type="checkbox"/> Other (specify) _____ |

<b>Section #5</b>	<b>Devices used for restraint</b>	<i>(Check all that apply)</i>
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Check all that apply:

- |  |   |
|--|---|
| <input type="checkbox"/> Spineboard<br><input type="checkbox"/> KED<br><input type="checkbox"/> Vacuum splint<br><input type="checkbox"/> Soft gauze | <input type="checkbox"/> Blankets<br><input type="checkbox"/> Sheets<br><input type="checkbox"/> Other system approved commercially available devices |
|--|---|

<b>Section #6</b>	<b>Patient injury</b>	<i>(Check all that apply)</i>
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Was the patient injured? ☐ Yes ☐ No

During what phase of restraint did the injury occur?

- ☐ Before
 ☐ During
 ☐ After

Describe the injury:

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<b>Section #7</b>	<b>EMS responder injury</b>	<i>(Check all that apply)</i>
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1) Were you physically assaulted? ☐ Yes ☐ No

2) During what phase of restraint did the injury occur?

- ☐ Before
 ☐ During
 ☐ After

3) Was the assault intentional? ☐ Yes ☐ No

4) Were you injured as a result of assault? ☐ Yes ☐ No (If yes, the following two questions should be completed by the QI representative)

a) Did the injury require medical intervention? ☐ Yes ☐ No

b) Did the injury result in lost days of work? ☐ Yes ☐ No

5) Was there property loss? ☐ Yes ☐ No

Describe the injury:

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**Section #8****Chemical Restraint****(Check all that apply)**

Do you believe that the addition of chemical restraint was indicated for this patient: ☐ Yes ☐ No

If yes check all that apply:

☐ Physical restraint was ineffective in adequately controlling the patient; the patient continued to present a real danger to him/herself and others despite physical restraint.

☐ The patient continued to demonstrate persistent aggressive physical resistance to the restraints.

☐ You were unable to adequately assess and treat the patient despite physical restraint.

☐ Other:

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Run # \_\_\_\_\_

Date of Incident \_\_\_\_\_

**AGGRESSION SCALE**

Deliberate overt violent behavior, directed toward others, with intent to harm.

		NEVER	RARELY	SOMETIMES	ALWAYS
1.	Hitting/punching	0	1	2	3
2.	Biting	0	1	2	3
3.	Spitting	0	1	2	3
4.	Kicking	0	1	2	3
5.	Screaming	0	1	2	3
6.	Cursing	0	1	2	3
7.	Threatening Speech	0	1	2	3
8.	Demeaning Speech	0	1	2	3
9.	Intense Staring	0	1	2	3

**AGITATION SCALE**

Physical/violent outbursts or movement, without intent to harm.

		NEVER	RARELY	SOMETIMES	ALWAYS
1.	Motor Restlessness	0	1	2	3
2.	Distractibility	0	1	2	3
3.	Incoherent Speech	0	1	2	3
4.	Irritability	0	1	2	3
5.	Purposeless Movement	0	1	2	3
6.	Nervousness	0	1	2	3

**PSYCHOSIS SCALE**

		NEVER	RARELY	SOMETIMES	ALWAYS
1.	Disorganized Ideas/Speech	0	1	2	3
2.	Hallucinations	0	1	2	3
3.	Violent Acts Toward Self	0	1	2	3
4.	Manic	0	1	2	3
5.	Bizarre Thoughts/Behavior	0	1	2	3
6.	Uncontrollable Weeping/ Despair	0	1	2	3
7.	Pressured Speech	0	1	2	3